

RONALD L. NOVAK, Chief



HAMMOND AIR POLLUTION CONTROL

CITY OF HAMMOND, INDIANA 46320

5925 CALUMET AVENUE

PHONE (219) 853-8308

July 12, 1982

Michael H. Elam, Esq.
U.S.E.P.A.
Office of Regional Council
230 S. Dearborn Street
Chicago, Illinois 60604

Dear Mr. Elam,

Please find enclosed copies of Hammond Fire Department Run Reports dealing with two (2) separate fires at the Calumet Containers site located at 3631 Stateline in Hammond, Indiana. One fire occurred on July 5, 1982 and the second on July 7, 1982.

The City of Hammond is concerned over the easy access to this site. In addition, recent observations by Hammond personnel indicate that several of the trailers on the premises have their cargo doors left open, allowing direct access to the containers and drums inside. Also, adjacent to some of the trailers there are drums on the ground in a manner that indicates they have been sorted through by unknown persons, and then thrown off of the trailers.

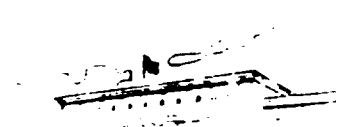
The use of a fence to secure the Calumet Containers site would be a positive step to minimize the dangers of that location. Any efforts taken by the U.S.E.P.A. to alleviate that dangerous situation would be appreciated.

Sincerely,

Ronald L. Novak, Chief
Hammond Air Pollution Control

RLN:ms

Encl.



HAMMOND FIRE DEPT. EMERGENCY FIRE REPORT

(PLEASE PRINT)

000385

Run # 1209 Alarm _____ Total time 42 min
 Co. # Cox Reported by: _____ Delay NONE
 Co. Run 155 Address _____ NAME _____ Operators 1 58
 2 _____

Time Out 12:10 Time In 12:53/4 TX _____ E.R.S. _____ ADT.# _____ Radio / Per _____

DATE OF FIRE 9-5 19 92 ADDRESS 134th & Safford

Owner of property involved _____

Address of owner _____

Occupant CALVERT CONTAINER Address 136th & STATE LINE

TYPE OF RUN: () Bldg. Fire () Vehicle () Grass () Trash () Wires () Rescue () Gas
 () False Alarm () Accidental Alarm (☒) Other TRAILER

TYPE OF OCCUPANCY: (☒) Residence () Apart. () Rooming House () Hotel () Restaurant
 () Factory () Retail Store () Garage or Barn () Serv. Station
 () Laundry () Church () Hospital () School () Mobile Home
 () Other _____

NUMBER OF FLOORS: 1 ORIGIN OF FIRE: UNKNOWN

CONSTRUCTION TYPE: () Frame () Brick () Steel () Block (☒) Other SAFT METAL

FLOOR: () Basement (☒) 1st Floor () 2nd Floor () Attic () Other _____

ROOM: () Living () Dining () Kitchen () Bedroom () Utility () Storage () Hallway
 (☒) Other All

POINT: () Closet () Wastebasket () Cook Stove, _____ Gas _____ Elect. () Davenport
 () Mattress () Chair () Radio () TV () Other Appliance
 OF () Heating Plant, _____ Gas _____ Oil _____ Solid Fuel () Wiring
 () Elect. Fixture () Other _____

ORIGIN (☒) Unknown

CAUSE OF IGNITION: UNKNOWN

FLOORS, ROOMS OR AREAS DAMAGED BY FIRE: ENTIRE TRAILER

FLOORS, ROOMS OR AREAS DAMAGED BY SMOKE AND WATER: ENTIRE TRAILER

ESTIMATE OF DAMAGE: () None () Small () Medium (☒) Large (☒) Total

If the fire extended to adjoining properties, list the address and owner:

Address _____ Name _____

Address _____ Name _____

---, sex, color, age and address. NONE

000386

INJURIES: Firefighters: List name, nature of injuries and if hospitalized, treated at the scene, or taken to doctor's office.

NONE

CITIZENS: Name, sex, color, age, address, nature of injuries and if hospitalized or treated at the scene. NONE

VEHICLE: Make & Model NONE License No. _____

VEHICLES: () Motor Compartment () Front Seat () Rear Seat () Trunk Bed () Trunk
() Semi-trailer () Other _____

MISCELLANEOUS INFORMATION CONCERNING THIS EMERGENCY: ENTIRE TRAILER

INVOLVED

OFFICER RANK CHIEF ENGR. PERMACH

PIPEMEN: CONVULSION

ABSENT FROM QUARTERS ADDITIONAL

Ass't. Chief on duty; Name A. DONALD Responded to Call: (☒) yes () no

Batt. Name (N) _____ (S) MILOR Responded (N) Yes _____ No ☒
(S) Yes _____ No ☒

Accidents going to fire: Location: NONE

Location of hydrant: _____ Pump Press. 200

Service cut off: () Gas () Electric Police Protection: Yes ☒ No _____

No. of 1½" lines used _____. No. of 2½" lines used _____. No. of 3" _____

No. of turrets used _____. No. of ladder pipes used _____. Pump Time 35 min

No. of salvage covers spread _____. No. of portable extinguishers used _____

Booster SLA 67. Smoke ejector _____. Generator _____

Ladders used _____ Gas Mask - Tanks # _____

Equipment left at scene of fire _____. Equip. lost _____

Insp. needed (). Frank A. Garcia Eng. 2
reporting officer signed rank shift

HAMMO' FIRE DEPT. EMERGENCY F : REPORT

(PLEASE PRINT)

000387

Run # 1236 Alarm _____ Total time 29 min.
Co. # Eng #2 Reported by: _____ Delay None
Co. Run 162 Address _____ Operators 1 62
11:28 AM 12:14 PM TX ☒ E.R.S. _____ ADT.# _____ Radio _____ Per _____

Time Out 11:28 AM Time In 12:14 PM TX ☒ E.R.S. _____ ADT.# _____ Radio _____ Per _____

DATE OF FIRE 7-7 19 82 ADDRESS 3631 STATE LINE

Owner of property involved CALUMET CONTAINERS

Address of owner _____

Occupant _____ Address _____

TYPE OF RUN: () Bldg. Fire (☒) Vehicle () Grass () Trash () Wires () Rescue () Gas
() False Alarm () Accidental Alarm () Other _____

TYPE OF OCCUPANCY: () Residence () Apart. () Rooming House () Hotel () Restaurant
() Factory () Retail Store () Garage or Barn () Serv. Station
() Laundry () Church () Hospital () School () Mobile Home
(☒) Other LOT

NUMBER OF FLOORS: None ORIGIN OF FIRE: NOT KNOWN

CONSTRUCTION TYPE: () Frame () Brick () Steel () Block () Other NONE

FLOOR: () Basement () 1st Floor () 2nd Floor () Attic () Other NONE

ROOM: () Living () Dining () Kitchen () Bedroom () Utility () Storage () Hallway
() Other NONE

POINT: () Closet () Wastebasket () Cook Stove, _____ Gas _____ Elect. () Davenport
() Mattress () Chair () Radio () TV () Other Appliance
OF () Heating Plant, _____ Gas _____ Oil _____ Solid Fuel () Wiring
() Elect. Fixture () Other _____

ORIGIN (☒) Unknown

CAUSE OF IGNITION: UNKNOWN

FLOORS, ROOMS OR AREAS DAMAGED BY FIRE: None

FLOORS, ROOMS OR AREAS DAMAGED BY SMOKE AND WATER: None

ESTIMATE OF DAMAGE: () None () Small () Medium () Large (☒) Total

If the fire extended to adjoining properties, list the address and owner:

Address _____ Name _____

Address _____ Name _____

FIRE DEATHS: List name, sex, color, age and address. None

000338

INJURIES: Firefighters: List name, nature of injuries and if hospitalized, treated at the scene, or taken to doctor's office.

None

CITIZENS: Name, sex, color, age, address, nature of injuries and if hospitalized or treated at the scene. None

VEHICLE: Make & Model 1977 T-BIRD (FORD) License No. ILLINOIS JNL 7258 (82)

VEHICLES: () Motor Compartment () Front Seat () Rear Seat () Trunk Bed () Trunk
() Semi-trailer () Other AIL

MISCELLANEOUS INFORMATION CONCERNING THIS EMERGENCY: CAR WAS
80% TOTALLY BURNED UPON ARRIVAL

FICER RANK ACT. CAPT. GALE ENGR. COFF.

PIPEMEN: PIT. ALLEN

ABSENT FROM QUARTERS BRUM (N)

Ass't. Chief on duty; Name SANDERS Responded to Call: () yes () no

Batt. Name (N) JAKUBCZYK (S) Responded (N) Yes ☒ No ☐
(S) Yes ☐ No ☐

Accidents going to fire: Location: _____

Location of hydrant: _____ Pump Press. 200#

Service cut off: () Gas () Electric Police Protection: Yes ☐ No ☒

No. of 1½" lines used _____. No. of 2½" lines used _____. No. of 3" _____

No. of turrets used _____. No. of ladder pipes used _____. Pump Time 7 min.

No. of salvage covers spread _____. No. of portable extinguishers used _____

Booster 250'. Smoke ejector _____. Generator YES

Ladders used _____ Gas Mask - Tanks # _____

Equipment left at scene of fire _____ Equip. lost _____

Insp. needed N/O. Robert J. Allen Engin' 1
reporting officer signed rank shift